



**VILLAGE OF THIRD LAKE**

87 N. LAKE AVENUE  
THIRD LAKE, IL  
60030  
PHONE: 847.223.8422  
FAX: 847.223.9356

**Office Use Only**  
Fee: \_\_\_\_\_ Check #: \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Received By: \_\_\_\_\_

**APPLICATION FOR CONTRACTOR'S BUSINESS LICENSE**

Business Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

Business Address / City / State: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Business Owner's Full Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact #: (\_\_\_\_\_) \_\_\_\_\_

State License #: \_\_\_\_\_

**A copy of your current Illinois state issued license must be included with this application**

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- License Fee: \$20.00 / year
- Annual License period begins May 1<sup>st</sup> of each year and ends April 30<sup>th</sup> of the following year.

*I hereby request a license to contract in the Village of Third Lake, IL, for the above stated business. I agree to work in accordance with the ordinances of the Village of Third Lake and statutes, rules and regulations of the State of Illinois.*

*I hereby state that all of the information provided herein is true, correct and complete to the best of my knowledge, information and belief.*

Signature of Owner / Contractor: \_\_\_\_\_

Date of Application: \_\_\_\_\_